

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/089364

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		3					54						
5		2					55						
6		2					56						
7		2					57						
8		2					58						
9	1						59						
10		1					60						
11	1						61						
12		1					62						
13		2					63						
14		2					64						
15		2					65						
16		2					66						
17		2					67						
18		2					68						
19		2					69						
20	1						70						
21		1					71						
22		2					72						
23		2					73						
24		2					74						
25		2					75						
26		2					76						
27		2					77						
28		2					78						
29		2					79						
30		2					80						
31		2					81						
32		2					82						
33		2					83						
34	1						84						
35		1					85						
36		1					86						
37		3					87						
38		3					88						
39		2					89						
40		2					90						
41		2					91						
42		2					92						
43		2					93						
44	1						94						
45		1					95						
46		2					96						
47		2					97						
48		2					98						
49		2					99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL							TOTAL						